



NEVADA DEFERRED COMPENSATION
EZ ENROLLMENT / PARTICIPATION AGREEMENT



Group Number

PARTICIPANT INFORMATION

Name _____ (Last) (First) (MI)	Social Security # _____
Address _____ (Street)	Date of Birth: _____
_____ (City) (State) (ZIP)	Date Employed/Rehired: _____
Phone _____ Home Phone Work Phone	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Agency Name _____ Email Address _____	Employee ID #: _____

DEFERRAL ELECTION

Deferral Amount \$ _____ per pay period **pre-tax (regular)** And/ Or \$ _____ per pay period **post-tax (Roth)**
Effective Date: This agreement will be effective the first full payroll period of the month following the date this form is received and processed by the payroll department.
Minimum \$12.50 per pay period

BENEFICIARY DESIGNATION

I designate the following beneficiary(ies) in accordance with the 457(b) Deferred Compensation Plan.

Complete Legal Name (please print)	Relationship	Primary %	Contingent %

Total must = 100% Total must = 100%

EMPLOYEE AGREEMENT TO PARTICIPATE IN THE NEVADA DEFINED CONTRIBUTION PROGRAM

The State of Nevada (the 'employer') has established an Internal Revenue Code Section 457(b) Deferred Compensation Plan (the 'Plan') for the benefit of its employees. The Plan provides that eligible employees may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a Participation Agreement with the employer.

The employer and employee agree the following:

1. Employee has received a packet of information outlining the terms of the Plan.
2. Employee elects to participate in the Plan and agrees to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code (Code). The maximum amount that may be deferred under the Plan for the current year is generally the lesser of 100% of compensation or the applicable IRS annual dollar limit. Minimum deferral is \$12.50 per pay period.
3. Employee agrees that all rights to the deferred compensation plan shall be governed by the terms and conditions of the Plan and Code.
4. Employee agrees that the elections indicated above will remain in effect until later changed or revoked by the employee or contributions during any year reach the maximum dollar amount allowed under the Plan and Code.
5. Employee understands and elects to utilize the State of Nevada EZ Enrollment / Participation process and will have contributions to the Nevada Public Employees' Deferred Compensation Program invested in the default fund identified below, which has been designated by the employer.

The employee further understands that investment allocations may be changed at any time by contacting Hartford at (800) 255.2464 or linking to Account Access from www.retire.hartfordlife.com.

Your Date of Birth	Fund #	Fund Name
On or Prior to 12/31/1949	BS	Vanguard Target Retirement Income
Between 1/1/1950 and 12/31/1959	8V	Vanguard Target Retirement 2015
Between 1/1/1960 and 12/31/1969	9F	Vanguard Target Retirement 2025
Between 1/1/1970 and 12/31/1979	9S	Vanguard Target Retirement 2035
On or After 1/1/1980	BB	Vanguard Target Retirement 2045

I certify that the information on this form is true, complete and accurate.

Participant's Signature

Date

NDC Personnel Only

Staff Name

Date

RETURN FORM TO:

NDC Office
100 N. Stewart St., Suite 210
Carson City, NV 89701
Phone: 775.684.3397
Fax: 775.684.3399
Email: deferredcomp@defcomp.nv.gov